

SERFF Tracking Number: LHLI-126353306 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 43841
Company Tracking Number: MSOCAR10 CP
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Outline of Coverage
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Medicare Supplement Outline of SERFF Tr Num: LHLI-126353306 State: Arkansas

Coverage

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Approved-Closed State Tr Num: 43841

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: MSOCAR10 CP State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Roudebush, Rodney Hartwig

Date Submitted: 10/21/2009

Disposition Date: 11/24/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Illinois doesn't require us to file our Medicare Supplement outlines every year for changes in Medicare deductibles.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/24/2009

Explanation for Other Group Market Type:

State Status Changed: 11/24/2009

Deemer Date:

Created By: Cathy Patterson

Submitted By: Cathy Patterson

Corresponding Filing Tracking Number:

Filing Description:

please see cover letter

SERFF Tracking Number: LHLI-126353306 State: Arkansas
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Company and Contact

Filing Contact Information

Cathy Patterson, cathy.patterson@londen-insurance.com
 4343 E Camelback Rd 800-433-8181 [Phone]
 Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois
 4343 East Camelback Road Group Code: Company Type: Life and Health
 Phoenix, AZ 85018 Group Name: State ID Number:
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form X \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	10/21/2009	31461808

<i>SERFF Tracking Number:</i>	<i>LHLI-126353306</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43841</i>
<i>Company Tracking Number:</i>	<i>MSOCAR10 CP</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Outline of Coverage</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/24/2009	11/24/2009

<i>SERFF Tracking Number:</i>	<i>LHLI-126353306</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43841</i>
<i>Company Tracking Number:</i>	<i>MSOCAR10 CP</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement Outline of Coverage</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LHLI-126353306	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	43841
Company Tracking Number:	MSOCAR10 CP		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	Medicare Supplement Outline of Coverage		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Medicare Supplement Outline of Coverage	Approved	Yes

SERFF Tracking Number: LHLI-126353306 State: Arkansas

Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 43841

Company Tracking Number: MSOCAR10 CP

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

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Form Schedule

Lead Form Number: MS-OCAR 10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/24/2009	MS-OCAR 10	Outline of Coverage	Medicare Supplement Outline of Coverage	Initial		41.000	MS-OCAR for 2010 to be filed.pdf

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Outline of Medicare Supplement Coverage – Cover Page: 1 of 2

Benefit Plans A, B, C, D and F

These charts show the benefits included in each Medicare supplement plan. Every company must make available Plan “A”. Some plans may not be available in your state.

See Outlines of Coverage sections for details on ALL plans.

Basic Benefits for Plans A-J:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.
 Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care NOT covered by Medicare						Preventive Care NOT covered by Medicare	

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year {\$2,000} deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses are {\$2,000.} Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but does not include, in Plan J, the plan's separate prescription drug deductible or, in Plans F and J, the plan's separate foreign emergency deductible.

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Outline of Medicare Supplement Coverage – Cover Page: 2 of 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventative Care NOT covered by Medicare		
	{ \$4,620 } Out of Pocket Annual Limit ***	{ \$2,310 } Out of Pocket Annual Limit ***

**** Plans K and L provide for different cost-sharing for items and services than Plans A-J.**

Once you reach the annual limit, the plans pays 100% of the Medicare copayments, coinsurances, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges”. You will be responsible for paying excess charges.

***** The out-of-pocket annual limit will increase each year for inflation.
See Outlines of Coverage for details and exceptions.**

LINCOLN HERITAGE LIFE INSURANCE COMPANY**ANNUAL PREMIUM RATES
FOR USE IN ARKANSAS**

Ages 65-99	Plan A	Plan B	Plan C	Plan D	Plan F
Preferred Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	XXX}

LINCOLN HERITAGE LIFE INSURANCE COMPANY

SEMI-ANNUAL PREMIUM RATES FOR USE IN ARKANSAS

Ages 65-99	Plan A	Plan B	Plan C	Plan D	Plan F
Preferred Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	XXX}

LINCOLN HERITAGE LIFE INSURANCE COMPANY

QUARTERLY PREMIUM RATES FOR USE IN ARKANSAS

Ages 65-99	Plan A	Plan B	Plan C	Plan D	Plan F
Preferred Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	XXX

LINCOLN HERITAGE LIFE INSURANCE COMPANY**MONTHLY PREMIUM RATES
FOR USE IN ARKANSAS**

Ages 65-99	Plan A	Plan B	Plan C	Plan D	Plan F
Preferred Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, and all zip codes beginning with 722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for Zip Codes beginning with 720 and 721 not listed above	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Preferred Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	{XXX}
Standard Rates for all Zip Codes except 720-722	{XXX}	{XXX}	{XXX}	{XXX}	XXX

PREMIUM INFORMATION

Lincoln Heritage Life Insurance Company may change your premium if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class on the date of change. Class is defined as underwriting class, state and zip code of residence.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to our Administrative Office at 4343 East Camelback Road, Phoenix, Arizona 85018. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither Lincoln Heritage Life Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Please refer to your policy for details.

PLAN A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st - 90 th day 91 st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but {\$1,100} All but {\$275} a day All but {\$550} a day \$0 \$0	\$0 {\$275} a day {\$550} a day 100% of Medicare Eligible Expenses \$0	{\$1,100} (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st - 100 th day 101 st day and after	All approved amounts All but {\$137.50} a day \$0	\$0 \$0 \$0	\$0 Up to {\$137.50} a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**** NOTICE:** When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	{\$155}(Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 {\$155}(Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 {\$155}(Part B Deductible) \$0

PLAN B

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN B PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st - 90 th day 91 st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but {\$1,100} All but {\$275} a day All but {\$550} a day \$0 \$0	{\$1,100} (Part A Deductible) {\$275} a day {\$550} a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st - 100 th day 101 st day and after	All approved amounts All but {\$137.50} a day \$0	\$0 \$0 \$0	\$0 Up to {\$137.50} a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**** NOTICE:** When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed {\$155} of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN B PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	{\$155} (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 {\$155}(Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN B PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 {\$155}(Part B Deductible) \$0

PLAN C

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st - 90 th day 91 st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but {\$1,100} All but {\$275} a day All but {\$550} a day \$0 \$0	{\$1,100}(Part A Deductible) {\$275} a day {\$550} a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st - 100 th day 101 st day and after	All approved amounts All but {\$137.50} a day \$0	\$0 Up to {\$137.50} a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**** NOTICE:** When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed {\$155} of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	{\$155} (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs {\$155} (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 {\$155} (Part B Deductible) 20%	\$0 \$0 \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000.	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN D

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN D PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st - 90 th day 91 st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but {\$1,100} All but {\$275} a day All but {\$550} a day \$0 \$0	{\$1,100}(Part A Deductible) {\$275} a day (\$550) a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st - 100 th day 101 st day and after	All approved amounts All but {\$137.50} a day \$0	\$0 Up to {\$137.50} a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**** NOTICE:** When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed {\$155} of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN D PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 {\$155}(Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	 \$0	 \$0	 All costs
BLOOD First 3 pints Next {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 {\$155}(Part B Deductible) \$0
CLINICAL LABORATORY SERVICES –TESTS FOR DIAGNOSTIC SERVICES	 100%	 \$0	 \$0

PLAN D

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN D PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 {\$155}(Part B Deductible) \$0
AT-HOME RECOVERY SERVICES – NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan - Benefit for each visit - Number of visits covered (Must be received within 8 weeks of last Medicare Approved visit) - Calendar year maximum	\$0 \$0 \$0	Actual charges to {\$40} a visit Up to the number of Medicare Approved visits, not to exceed 7 each week. {\$1,600}	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000.	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st - 90 th day 91 st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but {\$1,100} All but {\$275} a day All but {\$550} a day \$0 \$0	{\$1,100}(Part A Deductible) {\$275} a day {\$550} a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st - 100 th day 101 st day and after	All approved amounts All but {\$137.50} a day \$0	\$0 Up to {\$137.50} a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**** NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.**

PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed {\$155} of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 {\$155}(Part B Deductible) Generally 20%	 \$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs {\$155} (Part B Deductible) 20%	 \$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First {\$155} of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 {\$155} (Part B Deductible) 20%	 \$0 \$0 \$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000.	 \$250 20% and amounts over the \$50,000 lifetime maximum
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SERFF Tracking Number:	LHLI-126353306	State:	Arkansas
Filing Company:	Lincoln Heritage Life Insurance Company	State Tracking Number:	43841
Company Tracking Number:	MSOCAR10 CP		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	Medicare Supplement Outline of Coverage		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	11/24/2009

Comments:

Flesch score certification attached.

Attachment:

CERT OF FLESCHE.pdf

		Item Status:	Status
			Date:
Bypassed - Item:	Application		
Bypass Reason:	not filing a policy, filing a revised Outline of Coverage		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	not filing a policy, filing a revised Outline of Coverage		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	outline of coverage is on the forms tab.		
Comments:			

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules, and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s): MS-OCAR 10 - Medicare Supplement Outline of Coverage

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Cathy Patterson, Senior Compliance Associate

October 21, 2009